

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2482

787

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>2209</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of the Poor</b> <b>3225 North Florissant</b>				20 STREET ADDRESS (If rural, give location) <b>3225 N. Florissant Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosa</b> b. (Middle) <b>C.</b> c. (Last) <b>Drecksmith</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>January 24th, 1951</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Feb. 22nd, 1870</b>	
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick Drecksmith</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Kemberg</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emma Drecksmith, 3225 N. Florissant Ave</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			
19a. DATE OF OPERATION <b>None</b>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <b>321X</b>							
22. I hereby certify that I attended the deceased from <b>Jan 21, 1951</b> , to <b>Jan 24, 1951</b> , that I last saw the deceased alive on <b>Jan. 23, 1951</b> , and that death occurred at <b>5:00A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. Edmund H. Howe M.D.</b>				23b. ADDRESS <b>2435 N. Grand</b>			
23c. DATE SIGNED <b>1-24-51</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/27/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Saint Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 25 1951</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 N. Natural Bridge Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.